

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/29/2014
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NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, CHATTANOOGA	STREET ADDRESS, CITY, STATE, ZIP CODE 2700 PARKWOOD AVE CHATTANOOGA, TN 37404
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to follow physician's orders for medication administration for one resident (#250) of forty residents reviewed.</p> <p>The findings included:</p> <p>Resident #250 was admitted to the facility on December 30, 2013, with diagnoses including Joint Replacement, Atrial Fibrillation, Congestive Heart Failure, and Glaucoma.</p> <p>Medical record review of the admission Minimum Data Set (MDS) dated January 6, 2014, revealed the resident scored a 15 (indicating cognitively intact) on the Brief Interview for Mental Status (BIMS).</p> <p>Review of a physician's telephone order dated December 30, 2013, revealed, "...Xalatan eye gtt (drops) (1) gtt (L) (left) eye Q (every) a.m. & (and) both eyes Q HS (hour of sleep)..."</p> <p>Review of the physician's recapitulation orders for January 1-31, 2014, revealed, "...Xalatan 0.005%</p>	F 309	<p>This Plan of Correction is submitted as required under State and Federal Law. The submission of this plan does not constitute an admission on the part of NHC HealthCare, Chattanooga as to the accuracy of the Surveyors' findings nor the conclusions drawn therefrom. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.</p> <p>F 309 SS=D See next page...</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

ADM 2/12/14

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	Continued From page 1 (percent) eye gtt (1) gtt (L) eye Q am...Xalatan 0.005% eye gtts (1) gtt Q hs..." with no indication if the evening eye drops were to be instilled in one eye or both eyes. Medical record review of a Medication Administration Record (MAR) for December 30-31, 2013, and January 1-31, 2014, revealed, "Xalatan 0.005% eye gtt (1) gtt (L) eye Q am...Xalatan 0.005% eye gtts (drops) (1) gtt Q hs..." with no indication if the drops in the evening were to be instilled in one eye or both eyes. Observation of a medication administration on January 28, 2014, at 7:58 a.m., in the resident's room, with Licensed Practical Nurse (LPN) #1, revealed LPN #1 administered one eye drop in the resident's left eye. After administering the eye drop, the resident asked LPN #1 "why am I not getting my eye drops in both of my eyes at night, that is how I take them at home and the hospital was putting them in both eyes at night before I came here." LPN #1 advised the resident a note would be left for the doctor about the eye drops at night. Interview on January 28, 2014, at 8:31 a.m., with Unit Manager #1, at the nurses' station, revealed, "(the resident) is pretty with it, if...says...hasn't been getting them, I am sure...hasn't..." Continued interview with Unit Manager #1 confirmed the physician's recapitulation orders and the MAR did not indicate eye drops were to be administered in both eyes at night and the facility was not following the physician's order for medication administration of eye drops.	F 309	F309 SS=D Corrective Action: 1. The physician's order for the administration of eye drops for Resident #250 was clarified and corrected on 1/28/14. Identifying Other Patients: 1. No other Residents were affected during the survey. 2. A review of all new Resident admissions from 1/28/14 to 2/11/14 will be completed to identify if any other Residents were affected by: Measures & Changes to be taken: 1. All Licensed Nurses will be re-inserviced on writing recapitulation orders and the by Monitoring Performance: DON or designee will use a QA monitor that will be developed to check the accuracy of recapitulation orders. The QA monitor will be completed each month for 2 months with results reported to the QA Committee consisting of Medical Director or Physician Designee, DON or Designee, ADM or Asst ADM, SW, Dietician and other team members. After initial 3 month monitoring, QA frequency may be reduced depending on results. To be completed by:	1/28/14	2/28/14
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371		3/15/14	3/15/14

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F 371	<p>Continued From page 2</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and interview, the facility failed to follow proper food storage in one of one walk-in freezer in the dietary department.</p> <p>The findings included:</p> <p>Observation of the walk-in freezer in the dietary department on January 27, 2014, at 10:06 a.m., revealed seven pans of dressing, one pan of cornbread, and five slices of cake, all unlabeled and undated.</p> <p>Review of the facility policy Safety and Sanitation Best Practice Guidelines, revised January 2011, revealed, "...once cooled, the food should be covered, dated, and labeled..."</p> <p>Interview with the Dietary Manager in the kitchen on January 27, 2014, at the time of observation, confirmed the facility failed to label and date the frozen prepared foods.</p>	F 371	<p>F371 SS=F Corrective Action: 1. All food items identified were in the freezer, covered and completely frozen. Those that were not labeled, dated or stored appropriately were disposed of when identified on date of survey.</p> <p>Identifying Other Patients: 1. No Residents were affected.</p> <p>Measures & Changes to be taken: 1. All Dietary Staff will be re-inserviced on facility policy Safety & Sanitation Best Practice Guidelines by</p> <p>Monitoring Performance: Registered Dietician or designee will use a QA monitor that will be developed to check the walk-in refrigerator and walk-in freezer for the proper storage of food items. The QA will be completed monitor each month for 3 months with results reported to the QA Committee consisting of Medical Director or Physician Designee, DON or Designee, ADM or Asst ADM, SW, Dietician and other team members. After initial 3 month monitoring, QA frequency may be reduced depending on results. To be completed by:</p>	1/27/14	3/15/14